



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
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FRANKFORT, KENTUCKY 40601
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EMS-TEI Annual Summary Report

July 1, 20____ - June 30, 20____

This report must be submitted to KBEMS by no later than July 31 of each year. If courses were not taught during the last reporting period, an EMS-TEI shall file an annual report with the Board stating that no course were taught during the reporting period.

Agency Name: _____

Approval Number: _ _ _

Name of Program Coordinator: _____

Number of First Responder Courses Taught: _____

Number of First Responder Continuing Education Courses Taught: _____

Number of EMT-Basic Courses Taught: _____

Number of EMT-Basic Continuing Education Courses Taught: _____

Number of Paramedic Courses Taught: _____

Number of Paramedic Continuing Education Courses Taught: _____

Number of Instructor Courses Taught: _____

Number of Instructor Continuing Education Courses Taught: _____

Number of other educational Offerings: _____

Signature of Program Coordinator

Date